

SUPPLEMENTARY REMARKS

UPON THE

TREATMENT OF

CUTANEOUS MALIGNANT

EPITHELIOMATA (CANCERS).

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Attending Physician to the New York
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SUPPLEMENTARY REMARKS UPON THE TREATMENT
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In the July number of the INTERNATIONAL JOURNAL OF SURGERY, 1892, a paper was published by me entitled: "Some Considerations on the Treatment of Cutaneous Malignant Epitheliomata." In that paper the manner of extension of the pathological epithelial cells was fully discussed and illustrated by drawings, not only as regards the seat of the primary tumor, but also in reference to the formation of the secondary tumors. It was shown, as had already been done by other observers, that the secondary tumors owed their origin exclusively to epithelia derived originally from the epithelia of the primary tumor. The logical inference from this view was that an operation that removed all the pathological epithelia would completely eradicate the disease. If the process was still confined to the seat of origin, a surgical operation with a knife, if carried beyond the seat of the most peripherally lying pathological epithelial cell, would be a successful operation as regards removal of the new growth, and in many cases, I stated that the knife was the most humane and proper agent to be employed. In a large number of cases, however, of cutaneous cancers, a successful result can be obtained with but little pain and comparatively slight deformity, by caustics properly applied, and in these cases an operation with

the knife is not justifiable upon any grounds known to the writer.

If a secondary tumor has already formed, the area traversed by the lymphatic spaces and vessels between the seat of the primary and secondary tumors will contain a greater or less number of the pathological epithelia, and in the majority of cases, depending naturally upon the location of the tumors, it will be impossible, by any known methods of treatment, to completely remove the pathological tissue and thus cure the disease. For instance, in the case of a mammary carcinoma with secondary tumor formation in the axilla, it is not to be expected that the surgeon, with his knife, can remove with any certainty, or even probability in the majority of cases, each and every one of the pathological epithelial elements lying between the mamma and the axillary gland or glands affected. Neither can they be removed by any other method at present known, and certainly such patients should not be treated by caustics, both on account of their inefficiency and the pain resulting from their action.

I do believe, however, from experience, that whilst the knife should be used in all these cases, and as much tissue removed as the surgeon thinks advisable or can be safely done, yet that the use of a caustic such as chloride of zinc or caustic potash, judiciously applied to the surface of the resulting wound, is an advisable procedure, having for its object the destruction of outlying epithelia, either directly by the chemical action of the caustic or indirectly as a result of the inflammatory process produced, or from the toxic-albumen derived from the dead tissue.

It is not my intention in this paper to go over the ground so thoroughly discussed in the paper of last year as to the comparative value in certain cases of removal of epitheliomata by the knife and by certain caustics, and therefore refer the reader to that paper and ask his careful consideration of the arguments there advanced—arguments formed upon a theoretical and clinical basis. I trust that I have there shown that in a certain class of cases, and these cases include the majority of cutaneous cancers as well as those of the lip, if seen early, a most excellent result, both as regards deformity and reappearance, is obtained by caustics applied according to the principles laid down, and that in these cases the knife should not be used for the simple reason, so well stated by Mr. Marsden, that the caustic does the work better. I have so often seen and treated epitheliomata both of the cutaneous surface and of the lips in which a permanent cure has been obtained with a scarcely appreciable resulting deformity, that the argument of some surgeons that the knife is the only justifiable agent, is certainly not supported by the results observed by me both in my own practice and in that of other surgeons. When Mr. Marsden wrote his work in 1869, on “A New and Successful Mode of Treating Certain Forms of Cancer,” he had observed 6,000 cases in the Cancer Hospital, of London, and when such a careful writer states that for certain forms of cancer a suitable caustic is the best method of treatment, his statements are entitled to special consideration. If any one will look at the drawings of the illustrative cases shown in his work, showing the

result of treatment, and compare them with that obtained by the knife, he will surely believe that the caustic has its field as well as the knife, and that, in selected cases, is a decidedly superior agent. In addition to the cases which might be treated either by caustics or the knife, there is a considerable number of cases which come under observation, in which an operation with the knife is out of the question on account of the location, but which can be treated successfully with caustics. This class of cases is recognized by every surgeon of much experience with cases of cancer, who is student enough to carefully study the results of both methods of treatment.

I would not have referred to this subject again, as I entered so fully into it last year, were it not that at least one well known surgeon, a teacher in one of our best colleges, has publicly stated that the caustic treatment of epithelioma is wrong, and that any one who treats a case of epithelioma by caustics is treating it unscientifically, more painfully and less satisfactorily than by the knife. He finds that there is much that is harmful in the treatment of cancer by caustics and hopes those who treat them in that way—reputable physicians—will learn what is the best method of treatment. This surgeon is, undoubtedly, honest in his statements, and yet how different are his conclusions from mine or from those of Mr. Marsden with his 6,000 cases. How he reconciles this statement with the successful cases treated by caustics after excellent surgeons have considered them unsuitable for operation by the knife I do not know, and it is hardly necessary to consider the problem. Some of the most scientific and

eminent surgeons in this country have informed me, since my paper was published, that they had previously been using caustics in selected cases in preference to the knife, and some others, since that time, have commenced to make use of them so as to compare results with the previous method. To obtain a successful result, when possible, the method followed must be such as I have already laid down in the paper already published, and if the rules there stated are not the guide of the surgeon, the result will be disappointing, and the case, instead of being cured, will be aggravated and hastened in its destructive course. The best results are obtained, naturally, with private patients who are seen regularly and are intelligent enough to follow directions. In dispensary cases the attendance is too often so irregular that many of them do not show the legitimate result of proper treatment, and it is probably some of these cases that throw discredit upon the method of treatment pursued in their case. Such cases, however, should have no weight in forming a judgment in the mind of a student of the subject, for the patient has not fulfilled the requirements absolutely necessary for successful treatment.

Within the last year I have seen several cases which have been treated by physicians and surgeons with caustics, in which the manner of application was so erroneous, although they had read my paper, that no justice was done to the plan of treatment recommended. The caustics were applied for either too short or too long a period, or the paste was not made of the proper consistence, or the applications were made too frequently or not frequently enough. To

get the best results the theory for their use must be well understood, and with a little experience the operator knows just what he should and can accomplish.

I will now leave this field of the subject, a field which was fully discussed last year, and to which I would not have returned had it not been that I wished to give rebuttal evidence against the statement of the above referred to surgeon. I am satisfied that the weighty evidence of Mr. Marsden, and the future evidence of the careful scientific surgeon treating his cases according to the theory and the rules stated in my previous paper, will lead to the general conviction that in the majority of cases of cutaneous cancers the use of arsenious acid or chloride of zinc or caustic potash, in the manner already recommended, is the best method of treatment. I will go farther and state that for nearly all cases of cutaneous cancer seen at an early stage and before they have extended much into the surrounding tissue, no more successful method need be desired, for the operator can almost always promise a prompt and permanent cure.

One word as to the so-called recurrence of the disease. The use of this term is improper in every case in which the disease reappears at the site of the primary tumor, for when such a condition occurs, it is because all of the pathological epithelium has not been removed. A recurrence can only mean a return of the disease after removal, and in this case there has not been any complete removal. The term recurrence should be restricted to those cases where a cancerous growth has formed independently of the first cancer;

but when the growth is in any way the result of the epithelium derived from the epithelium of the primary tumor, the word reappearance should be employed instead of recurrence.

I do not intend to discuss the origin of cancers at present, but whilst upon the subject of pathological epithelia, I might venture the statement that I am not a believer in the parasitic theory of cancer, but am rather inclined to the view based upon my own incomplete studies, that we have to deal with epithelium which has become insubordinate in consequence of a change in the nerves regulating their actions under normal physiological conditions.

One of the principle reasons for writing this paper was to answer the questions I have received from so many physicians throughout the country, in reference to the *technique* of the treatment by caustics. I had supposed that I had given sufficiently explicit directions in my previous paper, but it seems I was in error, although if the paper had been carefully considered many, if not all, of the questions would have been unnecessary. First, as regards the use of Marsden's paste. This is a combination of arsenious acid and gum acacia, and in superficial epitheliomata I use the two substances in equal parts by weight, mixed together with sufficient water to make a thick paste. This is left on from fifteen to twenty-four hours, depending upon the amount of swelling produced and upon the location of the growth. If there is very little tissue between the tumor and an underlying bone, it should not be left on too long, lest necrosis result from a too intense inflammatory process. It must, however,

be left on long enough to give you evidence of necrotic action upon the cancer tissue, as shown by considerable inflammation outside what seemed to be the margin of the growth. On account of the elective action of the paste, I think it advisable to use such a combination and leave it applied longer, than to use a stronger paste for a shorter period. In this way I think you save more of the normal tissue and consequently have less deformity after removal of the growth; and in some parts of the body, as the nose for instance, this is of importance. Mr. Marsden uses a paste made according to the following formula: Arsenious acid, 3 ii, mucilage of gum acacia, 3 i; mixed together into a thick paste. If the cancer is not a superficial one, this paste is to be preferred to the weaker one. If the growth extends some depth into the corium, this paste can be left on for twenty-four or thirty hours, or even longer—as long as necessary to obtain the desired necrotic effect. If a single application does not give the desired result, a second application should be made the next day; and if that is not sufficient then another on the third day. If there is a tendency to an irregular margin, as is sometimes seen in cases of superficial flat-celled epitheliomata, it is advisable to apply the paste over a surface considerably beyond the apparent limit of the disease, otherwise a reappearance is not an uncommon occurrence. This paste, in ordinary epitheliomata, gives the best result as regards deformity of any of the caustics, on account of its elective action in destroying pathological tissue much earlier than it does normal tissue. In the papillomatous form it is inferior to the two other caustics.

With reference to caustic potash, I cannot add anything to what I have already written as regards its action and the cases for which it is indicated. For epithelioma of the lip it is the best agent we possess. These cases, if seen early, and even when of considerable extent, if not too deeply seated, and naturally, uncomplicated by secondary lymphatic gland invasion, can be treated with very satisfactory results, as I have already stated. The inflammatory action produced by the caustic, and possibly assisted by a tox-albumen, seems to destroy the pathological epithelia and to leave some normal ones, so that an apparently almost normal restitution, in many cases, occurs after removal of the growth. If the caustic necroses some of the corium *en masse*, there will be of necessity a scar tissue formation, but this is usually very slight.

When I state that this agent is preferable to arsenious acid, I must admit that I have never obtained better results with it than those obtained by Mr. Marsden in some of his illustrated cases with arsenious acid. The results, however, have been very satisfactory in suitable cases, both as regards removal and deformity. Only last week I showed a case to the class of physicians attending the Polyclinic, in which the only deformity was a slight ridge of scar tissue upon a well preserved lower lip. It is a painful application, but with the previous use of cocaine the pain can be greatly modified and be quite bearable.

With reference to the paste made with chloride of zinc, there is but little to be added to what the previous article contained. I then stated that cocaine could be used in combination with it, but did not

enter into fuller particulars. The Bougard's paste can be made by adding ten to twenty per cent. of cocaine to the other ingredients. If that is done, then more water must be used in order that the paste be not too dry. Twenty per cent. is preferable to ten per cent., although it makes the paste an expensive one. That, however, should have no weight if the result is a diminution in the amount of pain produced by the paste. Even with ten per cent. the pain is often very slight, and I have many times destroyed large masses of tissue without interfering with the sleep of the patient. I always add that amount of cocaine to the regular formula, and increase the quantity if necessary. As regards its use this paste can be left on from eighteen to thirty hours, according to the result desired. If left on, say twenty-four hours, over an area of one or two square inches, and made one-third to one-half inch thick, it will probably necrose the tissues to the depth of one-third of an inch at least, if not deeper. As it produces a dry necrosis there is no danger of the entrance into the living tissue of pus organisms, and consequently there is no intense inflammation directly following its use. For papillomatous and nodular epitheliomata, and for deeply infiltrated ones, in consequence of extension, it is the proper caustic. It should also be used for those cases of reappearance along the line of incision in cases of mammary carcinoma after removal by the knife.

Now, as regards mammary carcinoma. Whilst I believe the knife, with thorough excision, the proper method, yet there are some cases where the patients will positively not submit to the operation and would

sooner go to some charlatan, the majority of whom, in my opinion, are so ignorant—well, ignorance is no name for their mental condition, judging from some of their correspondence, and the further west they live the louder they quack. I have seen Maisonneuve treat mammary cancer with arrows, and Bougard recommends his paste for the same disease. Some surgeons will say that the pain is too great, and I have known patients to have been told that before they had treatment for one week they would pray for chloroform and the knife. Now, that is not correct. A great number of persons are being treated every year by charlatans, some of whom, no doubt, are clever and skilful from experience, and often obtain good results, whilst others are ignorant and an unfavorable result is to be expected. Many of those people treated by these charlatans recommend their friends, so that it cannot always be true that “death is preferable to the pain.” I have had experience with these cases—patients who absolutely refused to have a breast amputated, although I have strongly urged it, and the following results can be obtained: Provided the disease has not extended far into the periglandular tissue, the whole of the tumor can be removed within a short period, say four to six weeks, without producing any marked inflammation and without much pain. With Bougard’s paste, plus twenty per cent. cocaine, applied over an area the size of the palm of the hand, if you wish, and left on thirty hours, a dry necrosis, extending one-third to one-half an inch and even deeper, can be obtained without producing special pain. In fact, I have

necrosed such areas, whilst the patients have slept, without the use of an anodyne. They can even attend to light housework or go out shopping sometimes. At the end of thirty hours the paste can be removed and the greater portion of the dead tissue removed with a scalpel and forceps, and the paste reapplied. This procedure can be repeated until the surgeon is satisfied that all doubtful tissue has been removed. It is always advisable, just as when the knife is used, that enough of the cutaneous or subcutaneous tissue be removed before proceeding to destroy the deeper tissue. It is well to outline with nitrate of silver the amount of cutaneous tissue you wish to remove before making the first application. All the tissue necrosed is made firm and dry by the paste, but the microscopic cancerous mass is usually easily recognized by its whiter appearance and denser character upon cutting. I think this method preferable to the use of arrows, and it gives much more satisfactory results than the surgeon is likely to expect with the first case he treats. As a proof that the pain is, usually at least, not great, I have seen cases of cancer with the nipple still in a fairly normal condition, in which the destruction of the nipple by the paste did not cause any pain.

If this and the previous paper will stimulate surgeons to a careful study of the action of the caustics recommended, and to compare the results with those obtained by the knife, both as regards deformity and complete removal, I feel satisfied that they will recognize the truth of the views I have expressed, namely, that in cutaneous epitheliomata the majority are best

treated by caustics applied under definite methods, both on account of the remarkably slight deformity often produced, but more especially on account of the comparatively favorable results as regards so-called recurrence.

They will also learn from the results obtained that he who treats all cases of epithelioma with the knife, is treating the subject less scientifically and less successfully than he who wisely selects his cases, and guided by theory and the results of practice in the hands of conscientious and reliable observers, applies that method of treatment which offers the best results in individual cases, and who in the majority of his patients, treats them by appropriate caustics.

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